PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male White Single Si	,	BUREAU OF V	BOARD OF HEALTH	Do not use this space.
2. FULL NAME FIRNCIS W. Peitzmeet (a) Reddense, No. Gatesworth Hotel (I) (Usual place of abode) Length of residence in city or town where death occurred yrs. mee da. How long in U.S. if of foreign birth yrs. mos. d. How long in U.S. if of foreign birth yrs. if the word in U.S. if of foreign birth yrs. if the word in U.S. if the Month in U.S. if	County	Registration Distr	let No	Registered No. 2596
3. SEX Male White Diverce (crite the word) Male White Diverce (crite the word) Single Sa. If Marrier, Micrower, or Diverced (Crite the word) Single Sa. If Marrier, Micrower, or Diverced (Crite the word) Single Sa. If Marrier, Micrower, or Diverced (Crite the word) Single Sa. If Marrier, Micrower, or Diverced (Crite the word) Single Sa. If Marrier, Micrower, or Diverced (Crite the word) Single Sa. If Marrier, Micrower, or Diverced (Crite the word) Sa. Trade, protession, or particular savyer, bookkeeper, etc. Sa. Trade, protession, or particular savyer, bookkeeper, etc. Savyer bookkeeper, etc. Savyer bookkeeper, etc. Savyer bookkeeper, etc. Savyer bookkeeper, etc. Sav	(a) Residence, No. Gateswo (Usual place of abode)	orth Hotel s	Ward. (If not	aresident, give city or town and State)
Male White Single 51. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 24; C 1:897 7. AGE YEARS MONTHS DAYS If LESS than 1 42 3 23 day, hrs. with do work done, as spinner, Secretary of sawyer, bookkeeper, etc. while, both and year occupation (month and year) Spent in this occupation (month and year) Spent in this occupation (month and year) Spent in this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) 15. MAIDEN NAME Olara Druhe 16. BIRTHPLACE (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) 17. INFORMANT CALL (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) 18. BURIAL CREAM HOM. OR REMOVAL PLACE (CITY OR TOWN) OF SEASON OF Spent in Indicated Country (ALORESS) Dallas Received the Country of Spent in Indicated Country (Spent on Indicated Country) 17. INFORMANT CALL (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) 18. BURIAL CREAM HOM. OR REMOVAL PLACE (CITY OR TOWN) OR DAY MAR LOUIS (STATE OR COUNTRY) 19. INDERTAKEN COUNTRY) 19. INDERTAKEN COUNTRY OR TOWN OR STANDARD AND COUNTRY OR STATE OR COUNTRY (ALORESS) AND ALORESS AND AND COUNTRY OR SPENT OR COUNTRY) 19. INDERTAKEN COUNTRY OR TOWN OR STANDARD AND COUNTRY OR TOWN OR	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH
SA. Trade, profession, or particular kind of work done, as spinner. Secretary of saver, bookeeper, etc. 8. Trade, profession, or particular kind of work done, as spinner. Secretary of saver, bookeeper, etc. 9. Industry or business in which spent in this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. NAME John Peitzmeier 12. BIRTHPLACE (city or town) St. Louis Office of correct or town of the contributory causes of importance were as followed at this occupation (month and year) 13. NAME John Peitzmeier 14. BIRTHPLACE (city or town) St. Louis Office of correct or town occupation of deceased. In the contributory causes of importance were as followed at this occupation (month and year) 15. Malden NAME Clara Druhe 16. BIRTHPLACE (city or town) St. Louis Office of contributory causes of importance were as followed at this occupation (month and year) 17. INFORMANT (ADDRESS) DELIBER OF AVE 18. BURIAL-CHÉMAMON, OR REMONAL PLACE (Caly ary Gem DATE MAR. 20 140 19. UNDERTAKER (MARKER MARKER) AVE (Signed) Undertake August Malden Marker (Signed) (Signed	3. SEX 4. COLOR OR RACE 5. White	Single, Married, Widowed, or Divorced (write the word) Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 24YC 1897 7. AGE YEARS MONTHS DAYS II LESS than 1 day,hrs. or	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF		Barch 4 1Ho	2, to harof 18 , 19
S. Trade, profession, or particular kind of work done, as spinner, Secretary of sawyer, bookseeper, etc. Secretary of sawyer, etc.	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N	ov. 24yc1897	to have occurred on the date stated a	bove, at
8. Trade, profession, or particular kind of work done, as signiner. Secretary of 9. Industry or business in which work was done, as signiner. Secretary 9. Industry or business in which saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. 12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. 13. NAME JOHN Peitzmeier 14. BIRTHPLACE (CITY OR TOWN) St. Louis 15. MAIDEN NAME Clara Druhe 16. BIRTHPLACE (CITY OR TOWN) St. Louis 17. INFORMANT COUNTRY) 18. BURIAL-CHEMATION, OR REMOVE 19. UNDERTAKER THE MEMBER AND LOUIS (STATE OR COUNTRY) 19. UNDERTAKER THE MEMBER AND LOUIS (SIGNES) AND REMOVE (ADDRESS) AND REMOVE (SIGNED) AND REMOVE MEMBER AND REMOVE (SIGNED) AND REMOVE MEMBER AND REMOVE MEM	42 3	23 day,hrs.	The principal cause of death and rela	ated causes of importance were as follow
12. BIRTHPLACE (CITY OR TOWN) St. LOUIS 13. NAME JOHN Peitzmeier 14. BIRTHPLACE (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) St. LOUIS 15. MAIDEN NAME Clara Druhe 16. BIRTHPLACE (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) Dallas, Pexas 18. BURIAL-CREMATION, OR REMOVAL PLACE PLACE Calvary Cem DATE MAT. 20 140 19. UNDERTAKER (Signed) City OR TOWN) Date of What test confirmed diagnosis? Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) Clara Druhe 19. UNDERTAKER (Signed)	9. industry or business in which work was done, as silk mill, Sc saw mill, bank, etc	hultz Motor Co. 11. Total time (years) spent in this		100://
What test confirmed diagnosis?	(STATE OR COUNTRY)	ouis, Mo.	Thomas regi	ini.
What test confirmed diagnosis?	F 13. NAME John Peitzme	ier	Name of operation	- Date of
15. MAIDEN NAME CLATA Druhe 16. BIRTHPLACE (CITY OR TOWN) St. LOUIS (STATE OR COUNTRY) 17. INFORMANT CARE REPORT (ADDRESS) DATIAB, GEXAS 18. BURIAL-CREMATION, OR REMOVAL PLACE CALVARY Cem DATE MAY. 20 40 19. UNDERTAKER CAMMANAMY UNAL CO. (Signed) 19. UNDERTAKER CAMMANAMY UNAL CO. (Signed) (Signed) Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in heme, or in public place. Manner of injury Nature of injury 19. UNDERTAKER CAMMANAMY UNAL CO. (Signed) (Signed) (Signed)	14, BIRTHPLACE (CITY OR TOWN) St	Louis		71
Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT CASE SELECTION OF REMOVAL 18. BURIAL CREMATION, OR REMOVAL PLACE Calvary Cem DATE Mar. 20 40 19. UNDERTAKER FORMALIST MAR. Co. (Signed) (ADDRESS) 4746 W Floriscant Ave. (Signed) (Signed) Calvary Mar. Mar. Mar. Mar. Mar. Mar. Mar. Mar.	H 15. MAIDEN NAME Clara D	ruhe	Accident, suicide, or homicide?	Date of injury, 19
17. INFORMANT CARE LEASE 18. BURIAL-CASMATION, OR REMOVAL PLACE Calvary Cem DATE MAY. 20 140 19. UNDERTAKER From May Co. (ADDRESS) 4746 W. Floriscant Ave. (Signed) Wedness Makes Market May Co. (Signed)			Spec	ify city or town, county, and State)
18. BURIAL-CRÉMATION, OR REMOVAL PLACE Calvary Cem DATE MAR. 20 140 19. UNDERTAKER STANDARD MAR. 66. (ADDRESS) 4746 W Florissant Ave. (Signed) Wather Mar. M. (Signed)	(ADDRESS) DALLAR, Re			
19. UNDERTAKER 15.7 OM SCHOOL UNG CO. If so, specify (ADDRESS) 4746 W F1571 sant Ave. (Signed) Clahare Melenn M	18. BURIAL; CREMATION, OR REMOVAL.		1	
MAR 19 1940 OC 0.01	19. UNDERTAKER JONOMISHUNG	and Co.	If so, specify	<i>,</i>
An Maria.	20. FILEMAR 19 1940 9	Belderate		Reach Bleg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

Signed Swww. Williamson Licensed Embalmer No. 3575